Application Number Filing Date 10/770/27 **CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAiMS AFTER SECOND AMENDMENT Indep Depried Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 1; 1. 1:-10. 76 26 27 26 26 3þ 31 3:2 3:3 3.5 4.5 4ile 4.9 4:9 To: Total Indep Indi:: Tot. Total Deprid Depend Total Tol. i Clairis Claims